

## Sexually transmitted diseases

*Extract from the Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the year 1975*

The number of clinics for sexually transmitted diseases that have been renamed departments of genito-urinary medicine has increased, without causing problems for doctors or patients. The improvement this year in the recruiting of doctors to this specialty may in part be due to the change of name. Some of these doctors had started their training in gynaecology, obtained a higher qualification and then opted for a medical, rather than a surgical, career.

Table 1 shows the numbers of cases of syphilis, gonorrhoea, and chancroid reported in the first six months of 1975, with comparable figures for the first six months of 1974. Although the slight fall in the figures for early infectious syphilis and gonorrhoea may seem encouraging, several years' results will be needed before firm conclusions can be drawn regarding the trends in the incidence of these diseases. Control measures must therefore not be relaxed, or the number of medical, nursing, and ancillary staff decreased.

### Imported cases

In the first half of 1975, 15.3% of cases of early

infectious syphilis were believed to have been contracted abroad (14.2% in the first half of 1974); the corresponding figures for post-pubertal gonorrhoea were 2.8% and 2.7%.

### Contacts

In the first half of 1975, 951 contacts of cases of syphilis were approached to attend at a clinic. As a result, 468 males and 189 females attended; of these, 118 males and 61 females were found to have syphilis. The corresponding figures for gonorrhoea were 19 119, 4459 and 7628, and 2272 and 5601 respectively.

Table 2 shows the numbers of cases of other sexually transmitted diseases reported in the first six months of 1975, with comparable figures for the first six months of 1974.

The incidence of non-specific genital infection continues to rise, though from the figures (Table 2) it can be seen that the increase was mostly in females. Most of the other diseases on the list showed some increase, particularly genital herpes and genital warts.

Table 1 Cases of syphilis, gonorrhoea, and chancroid reported in the first six months of 1975 (incidence rates are given in Table 3)

Disease	Numbers of cases		Males	Females
	Total			
<b>Syphilis</b>				
Early	1083	(1101)	926	(924)
Primary and secondary only	771	(813)	677	(688)
Late	586	(541)	395	(384)
Congenital	89	(71)	34	(18)
<b>Gonorrhoea</b>				
All forms	27 241	(27 431)	17 195	(17 523)
Post-pubertal				10 046 (9908)
All ages	27 209	(27 396)	17 188	(17 513)
Under 16	258	(267)	45	(52)
16-17	1665	(1667)	471	(510)
18-19	3695	(3572)	1681	(1665)
20-24	9207	(9343)	5600	(5759)
25 and over	12 384	(12 547)	9391	(9527)
<b>Chancroid</b>	29	(26)	25	(23)
				4 (3)

Figures for the second half of 1975 will be published in next year's *Report*.  
Figures for first six months of 1974 are shown in parentheses.

Table 2 Other sexually transmitted diseases reported in the first six months of 1975 (incidence rates are given in Table 4)

Disease	Numbers of cases		
	Total	Males	Females
Lymphogranuloma venereum	18 (17)	15 (13)	3 (4)
Granuloma inguinale	8 (8)	4 (5)	4 (3)
Non-specific genital infection (NSGI)	41 543 (40 663)	33 581 (33 486)	7962 (7117)
NSGI with arthritis	243 (189)	221 (179)	22 (10)
Trichomoniasis	9516 (9219)	725 (694)	8791 (8525)
Candidiasis	16 694 (15 959)	2688 (2563)	14 006 (13 396)
Scabies	1358 (1315)	1116 (1049)	242 (266)
Pediculosis pubis	2456 (2379)	1784 (1731)	672 (648)
Genital herpes	2897 (2478)	1967 (1691)	930 (787)
Genital warts	10 122 (9395)	6615 (6272)	3507 (3123)
Genital molluscum	380 (348)	278 (229)	102 (119)
Other treponemal diseases	497 (468)	304 (296)	193 (172)
Other conditions requiring treatment in a centre	18 525 (17 169)	12 354 (11 897)	6171 (5272)
Other conditions not requiring treatment in a centre	41 984 (41 323)	26 113 (25 935)	15 851 (15 388)

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### The present position

The appeal to raise money for an academic department in genito-urinary medicine at the Middlesex Hospital is making good progress and it is hoped that the first medical staff appointment may be made in 1976.

Staff engaged in genito-urinary medicine in England and Wales in September totalled 206 (180.8 whole-time equivalents (WTE)) including 100 (91.1 WTE) consultants, 29 (27.9 WTE) senior registrars, and 37 (33.5 WTE) registrars compared with a total of 188 (161.8 WTE) in September 1974 with 95 (84.1 WTE) consultants, 23 (22.2 WTE) senior registrars, and 32 (30.5 WTE) registrars. In September 1974 70 out of 104 consultants in Great Britain were full-time. The recruitment of married women doctors (Department of Health and Social Security, 1969) continued.

Some difficulty is being experienced in recruiting candidates for training courses in sexually transmitted diseases organised through the Joint Board of Clinical Nursing Studies.

Physicians in charge of clinics are again reminded of these important facilities. It is also hoped that tutors at nurse training schools (SRN and SEN) will ensure that newly qualified nurses are informed of the courses.

Research projects in sexually transmitted diseases continue to be supported by the Medical Research Council and by the Department of Health and Social Security. In addition the Department of Health and Social Security has provided financial support to enable 11 doctors, nurses and technicians to travel abroad for research purposes during the last two years. Their reports demonstrate the value of this activity.

A final report (World Health Organization) has been issued on the meeting, which was mentioned in last year's *Report*, on health education in the control of sexually transmitted diseases. It considers, in detail, the context and application of health education in this field. The progress made in the Health Education Council's project to develop a training programme for staff engaged in contact tracing was satisfactory. A standardised information system was introduced in a number of sexually transmitted diseases clinics, together with induction and in-service training, which included an experimental course on interviewing techniques.

A British delegation attended and participated in the technical discussions on the 'Social and health aspects of the sexually transmitted diseases; need for a better approach' held during the Twenty-eighth World Health Assembly. A report (World Health Organization) at the end of the discussions considered several aspects of sexually transmitted diseases control:

1. Prevention of sexually transmitted diseases (policy, case finding, diagnosis and treatment, health education and research)
2. Organisation of health infrastructure
3. Training of medical and other health staff
4. Required international action.

A resolution of the World Health Assembly at its twelfth plenary meeting on 28 May 1975 (World Health Organization) *inter alia* 'requested Governments to consider the need:

- (a) to make optimal use of existing services and health structures to strengthen the control of sexually transmitted diseases,
- (b) to encourage the appropriate training in this field of medical personnel and other health

Table 3 The venereal diseases—new cases per 100 000 population, by age, seen at hospital clinics in England 1971–75

Disease	1971			1972			1973			First half 1974			First half 1975 (provisional)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Early syphilis	5.67	1.42	3.48	6.00	1.25	3.56	7.98	1.39	4.59	4.09	0.74	2.37	4.09	0.66	2.33
All ages	4.11	0.89	2.46	4.46	0.77	2.56	5.75	0.90	3.26	3.04	0.52	1.75	2.99	0.39	1.66
Early syphilis (primary and secondary only)	0.05	0.07	0.02	0.02	0.12	0.07	0.07	0.07	0.07	*0.03	*0.02	*0.03	*0.03	†	*0.02
All ages	2.64	1.80	2.23	3.84	1.45	2.67	3.02	2.06	2.56	*1.32	*1.23	1.27	3.00	*0.45	1.75
Under 16	7.97	5.17	6.59	7.47	4.32	5.93	9.60	4.24	6.99	5.91	2.28	4.13	3.92	2.20	3.08
16 and 17	13.80	3.64	13.09	8.75	3.83	8.49	15.2	4.51	10.07	9.46	2.20	5.87	8.68	2.17	5.48
18 and 19	4.53	0.67	2.49	5.24	0.49	2.73	7.00	0.65	3.64	3.53	0.44	1.90	3.53	0.28	1.82
20–24															
25 and over															
Late syphilis	3.79	1.55	2.64	3.40	1.66	2.50	3.52	1.58	2.52	1.70	0.66	1.17	1.70	0.80	1.24
All ages	0.38	0.49	0.44	0.29	0.40	0.34	0.27	0.43	0.35	0.08	0.22	0.15	0.15	0.23	0.19
Congenital syphilis															
All ages	169.26	75.90	121.26	155.64	77.10	115.28	167.40	87.04	126.10	77.48	41.47	59.00	75.97	42.05	58.57
Gonorrhoea (post-pubertal)	2.15	7.03	4.53	1.81	7.36	4.52	2.53	8.09	5.24	0.88	3.83	2.31	0.77	3.83	2.26
All ages	161.37	348.62	252.47	144.61	362.92	251.24	167.40	405.56	283.59	74.56	177.70	124.86	67.29	178.74	121.71
Under 16	523.91	558.80	541.06	487.50	575.43	530.40	551.55	664.28	606.44	258.78	310.49	284.03	253.24	316.27	284.12
16 and 17	683.29	370.08	527.46	675.71	393.06	535.40	751.15	450.75	602.41	353.86	225.24	290.27	344.89	230.05	288.48
18 and 19	159.26	36.58	94.30	143.15	36.26	86.61	150.80	41.61	93.08	69.42	26.44	43.14	68.17	19.43	42.44
20–24															
25 and over															
Chancroid	0.22	0.02	0.12	0.21	0.01	0.11	0.15	0.01	0.08	0.10	0.01	0.06	0.11	0.02	0.06
All ages															

\*These rates were based on fewer than 10 events and consequently their reliability as a measure may be affected.

†Indicates that there were no events.

Table 4 Other sexually transmitted diseases and other conditions—new cases per 1000 000 population at all ages and by sex seen at hospital clinics in England 1971–75

Disease	1971			1972			1973			First half 1974			First half 1975 (provisional)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Lymphogranuloma venereum	0.20	0.01	0.10	0.24	0.02	0.13	0.23	0.03	0.13	0.06	*0.02	0.04	0.07	*0.01	0.04
Granuloma inguinale	0.02	—	0.01	0.01	0.01	0.01	0.02	0.01	0.02	*0.02	*0.02	*0.02	*0.02	*0.02	0.02
Non-specific genital infection	263.55	56.54	157.13	277.65	60.61	166.13	301.70	62.54	178.80	148.15	30.11	87.57	148.42	33.41	89.43
Non-specific genital infection with arthritis	1.88	0.13	0.98	1.99	0.10	1.02	1.93	0.08	0.98	0.79	0.04	0.41	0.98	0.09	0.52
Trichomoniasis	5.80	73.46	40.59	6.82	73.38	41.02	7.16	73.48	41.22	3.07	35.77	19.85	3.20	36.89	20.48
Candidiasis	12.86	90.90	52.98	19.34	17.16	64.46	21.66	113.20	68.68	11.34	56.21	34.37	11.88	58.78	35.94
Scabies	11.29	3.10	7.08	9.93	2.25	5.99	9.36	1.90	5.53	4.64	1.12	2.83	4.99	1.02	2.92
Pubic lice (pediculosis pubis)	13.71	4.15	8.80	13.45	4.50	8.85	13.97	6.78	9.23	7.66	2.72	5.12	7.89	2.82	5.29
Herpes simplex	12.22	3.95	7.96	13.84	5.31	9.46	14.71	6.48	10.48	7.48	3.30	5.34	8.69	3.90	6.24
Warts (condylomata acuminata)	39.81	20.32	29.79	45.54	23.42	34.17	51.19	26.48	38.50	27.75	13.10	20.23	29.24	14.72	21.09
Molluscum contagiosum	1.66	0.60	1.12	2.03	0.74	1.37	2.43	0.74	1.42	1.01	0.50	0.75	1.23	0.43	0.82
Other treponemal diseases	2.42	1.18	1.78	2.55	1.17	1.84	2.13	1.32	1.86	1.31	0.72	1.01	1.34	0.81	1.07
Other conditions requiring treatment in a centre	93.44	36.09	63.96	101.85	39.32	69.72	111.10	44.00	76.67	52.64	22.12	36.97	54.60	25.90	39.96
Other conditions not requiring treatment in a centre	199.66	103.59	150.27	208.90	110.19	158.18	235.70	126.30	179.50	114.74	64.56	88.99	115.50	66.52	90.46

\*These rates were based on fewer than 10 events and consequently their reliability as a measure may be affected.

workers at all levels and the further training of existing personnel,

- (c) to promote information and health education to all concerned in order to develop the sense of responsibility and respect for the integrity of all human beings.'

This country should play an important part in sexually transmitted diseases control by implementing these requests in close co-operation with the World Health Organisation.

#### References

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